



**CONTRACT AWARD SHEET  
DEPARTMENT OF PROCUREMENT MANAGEMENT**

Bid No. **RFP620**

*Award Sheet*

**RFP Unit** DIVISION

BID NO.: **RFP620**

PREVIOUS BID NO.: **RFP378-2(2)**

TITLE: **EMPLOYEE GROUP VISION INSURANCE PROGRAM**

CURRENT CONTRACT PERIOD: **08/01/2008** through **12/31/2011**

Total # of OTRs: **3**

**MODIFICATION HISTORY**

*Bid No. **RFP620***

*Award Sheet*

**DPM Notes**

See Attached Contract.

**APPLICABLE ORDINANCES**

LIVING WAGE: **No**

UAP: **No**

IG: **No**

OTHER APPLICABLE ORDINANCES:

**CONTRACT AWARD INFORMATION:**

**No** Local Preference

**No** Micro Enterprise

**No** Full Federal Funding

**No** Performance Bond

**No** Small Business Enterprise (SBE)

**No** PTP Funds

**No** Partial Federal Funding

**Yes** Insurance

Miscellaneous:

REQUISITION NO.: **RQGS0800012**

PROCUREMENT AGENT: **CARBALLEIRA, MA**

PHONE: 305 375-5866

FAX: 305 375-1083

EMAIL: **MC5@MIAMIDADE.GOV**

DEPARTMENT OF PROCUREMENT MANAGEMENT

RFP Unit DIVISION

Page 1 of 3

VENDOR NAME: **COMPBENEFITS INSURANCE COMPANY**  
 FEIN: **742552026** SUFFIX : **01** 40202  
 STREET: **500 WEST MAIN STREET** CITY: **LOUISVILLE** ST: **KY** ZIP:  
 FOB TERMS: **DEST-P** DELIVERY:  
 PAYMENT TERMS: **NET** TOLL PHONE: **800-223-6447**

**VENDOR INFORMATION:**

	<i>CERTIFIED VENDOR</i>	<i>ASSIGNED MEASURES</i>
Local Vendor: <b>No</b>	SBE <b>No</b> Set Aside <b>No</b> Bid Pref. <b>No</b>	
	Micro Ent. <b>No</b> Selection Factor <b>No</b> Goal <b>No</b>	
	Other:	Vendor Record Verified? <b>Yes</b>

\*\*\*\*\*

**Vendor Contacts:**

Name	Phone1	Phone2	Fax	Email Address
CONNIE OROPESA	305-626-5241	800-223-6447	305-370-6398	coropesa@compbenefits.com

**ITEMS AWARDED Section:**

Details: **RFP620**

**See Attached Contract.**

<u>Item #</u>	<u>Description</u>	<u>Qty</u>	<u>Unit Price</u>
---------------	--------------------	------------	-------------------

**End of ITEMS AWARDED Section**

**AWARD INFORMATION Section**

BCC Award: **Yes** DPM Award: **No**  
 BCC Date: **07/01/2008** DPM Date:

Contract Amount: \$ **4,500,000.00**

Additional Items Allowed:

Agenda Item No.: **801A**

Special Conditions:

**BPO INFORMATION Section:**

**BPO ID :**     **ABCW0900141**

----- **Commodities Info** -----

----- **Department Info** -----

<u>Code</u>	<u>Description</u>	<u>Department Id</u>	<u>Dollar Allocations</u>
<b>962-47</b>	<b>INSURANCE AND RISK MANAGEMENT SERVICES</b>	<b>GS*****</b>	<b>\$4,500,000.00</b>

*End of BPO Information Section*